STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE OF FILING						
Black Hills Pioneer	1	9-30-00						
3, FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE						
Daily Except Sunday & Nat'l Hol		\$90.00						
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION	TION (Street, City, County, State and Zi	P+4 Code) (Not printers)						
315 Seaton Circle, Spearfish, S	50 50 50 50 50 50 50 50 50 50 50 50 50 5							
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GE		PUBLISHER (Not printer)						
315 Seaton Circle, Spearfish, S	SD 57783							
6. FULL NAME OF PUBLISHER:	w.							
Stewart Huntington								
7. OWNER (If owned by a corporation, its name and address must be stated holders owning or holding 1 percent or more of total amount of stock. If not overs must be given. If owned by a partnership or other unincorporated firm, its FULL NAME	whed by a corporation, the names and a	ddresses of the individual own-						
Seaton Publishing Co. Inc., P.O.	Box 788, Hastin	ngs, NE 68901						
8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY TAL AMOUNT OF BONDS. MORTGAGES OR OTHER SECURITIES (If there see that the second publishing Co. Inc., P.C.	e are none, so state. If more space is n	eeded, list on back of this form)						
9. EXTENT AND NATURE OF CIRCULATION (See instructions on reverse side)	AVERAGE NO. COPIES EACH ISSUE D PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUE NEAREST TO FILING DATE						
A. YOTAL NO. COPIES (Net Press Run)	3925	3925						
B. PAID AND/OR REQUESTED CIRCULATION Sales through dealers and counters, street vendors and counter sales	3270	3256						
Mail Subscription (Paid and or requested)	215	226						
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 1081 and 1082)	3485	3482						
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS	0	0						
SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	. 0	0						
E. TOTAL DISTRIBUTION (Sum of C and D)	3485	3482						
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	218	221						
2. Return from News Agents	222	222						
G. TOTAL (Sum of E, F1 and 2 should equal net press run shown in A)	3925	3925						
I sweer that the statements made by me above are correct and complete.	Pur Publisher, But	SINESS MANAGER OR OWNER						
State of South Dakota) Sy	rom to before me this	30 day o						
County of Laurence	whith John	<u>06.94.</u> Cn2.						
(Seal)	tary Public							
orm: SOS REC 051 01/93	commission expires	1-74-5004						

United States Postal Service	nd Circulation												
Statement of Ownership, Management, a	2. Publication Number	3. Filing Date											
1. Publication Title	2. Publication Number												
Black Hills Pioneer	4 5 2 - 4 2 0	10-5-00											
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price											
DailyEExcept Sunday & Nat'l Holidays	306	\$90.00											
7. Complete Mailing Address of Known Office of Publication (Not printer) (Str	reet, city, county, state, and ZIP+4)	Contact Person											
No. 45,000. • Maria Araba Arab	r.	Paul Lewis Telephone											
315 Seaton Circle, Spearfish, SD 57	783	605-642-2761											
8. Complete Mailing Address of Headquarters or General Business Office of	Publisher (Not printer)												
315 Seaton Circle, Spearfish, SD 57	783												
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Mar	naging Editor (Do not leave blank)												
Publisher (Name and complete mailing address)	* ,												
alo E Crant St	reet. Spearfish, SD 5	57783											
Stewart Huntington - 819 E. Grant St	reet, opening, or												
Editor (Name and complete mailing address)													
Stewart Huntington - 819 E. Grant St	reet, Spearfish, SD	57783											
Managing Editor (Name and complete mailing address)													
Larry A. Weiers - 1900 N. Canyon Str	eet, Spearfish, SD 5	7783											
10. Owner (Do not leave blank. If the publication is owned by a corporation, names and addresses of all stockholders owning or holding 1 percent or names and addresses of the individual owners. If owned by a partnership each individual owner. If the publication is published by a nonprolit organ.	a or other unincommented firm, give its name a	immediately folicived by the ed by a corporation, give the eand address as well as those of											
	Complete Mailing Address												
Full Name	P.O. Box 788, Hasti	ngs NF 68901											
Seaton Publishing Co. Inc.	P.U. BOX 766, INGSCI	ngs, ND scott											
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19													
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or													
Holding 1 Percent or More of Total Amount of Bonds, Mcngages, or Other Securities. If none, check box	None None												
Full Name	Complete Mailing Address												
Seaton Publishing Co. Inc.	P.O. Box 788, Hasti	ngs, NE 68901											
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12. Tax Status (For completion by nonprofit organizations authorized to mail The purpose, function, and nonprofit status of this organization and the	at nonproviduates; (Caleda Grey) exempt status for federal income tax purposes	x											
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PS Form 3526, October 1999

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Statement of Ownership, Management, a	12	Publica	tion	Min	mh	or		V.	_			3. Filir	o Date			
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4. Issue Frequency	5.8	5. Number of Issues Published Annually														
DailyEExcept Sunday & Nat'l Holidays	3	306								\$90.00 Contact Person						
7. Complete Mailing Address of Known Office of Publication (Not printer) (Str	Street,	city, co	ount	y, sta	ate,	an	a 21.	μ.	9)		96	Pa	u1]		is .	18.
315 Seaton Circle, Spearfish, SD 577	7783	l .						<u> </u>				Teleph 60		12-2	2761	·
8. Complete Mailing Address of Headquarters or General Business Office of	of Publi	isher (Not	prini	ter)											
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315 Seaton Circle, Spearfish, SD 573	7783	3									22	W- W-				
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Mar	lanagin	g Edit	cr //	ת סכ	ot l	eav	e bl	ani	7							-
Publisher (Name and complete mailing address)												•				
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Stewart Huntington - 819 E. Grant St	tree	et!	S	pea	ar	f	is	h,		SD)	5778	3			
Editor (Name and complete mailing address)	Testa-Residual											**				
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Managing Editor (Name and complete mailing address)			i Noji													6.5
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Larry A. Weiers - 1900 N. Canyon Str	reet	t, ;	Spo	ea	rf	i	sh	,	S	D		57783				
10. Owner (Do not leave blank. If the publication is owned by a corporation, or names and addresses of all stockholders owning or holding 1 percent or names and addresses of the individual owners. If owned by a partnership each individual owner. If the publication is published by a nonprofit organ	hin ara	ther	nine	ner	rat	eri	firm.	on	ve i	is n	rati ow am	on immed ned by a e and add	diately corpo dress (felle:« ration, as we.	red by , give t I as th	the he ose of
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Other Securities. If none, check box Full Name	C	omple					ires	S							_	
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12. Tax Status (For completion by nonprofit organizations authorized to mail	il at no	nprofit	rate	s) (Ch	eck al in	one	י פח	ta Y	DUE	200	es:		,		•//
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(See Instructions on Reverse)

PS Form 3526, October 1999